

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8-8-08

Address: 310 E. Liberty St

Case #: 22F43426

Butler In

County: Dekalb

## Type of Laboratory Seizure (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☒ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open - No Structure  
☐ Other: \_\_\_\_\_

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): One-pot reaction  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: Coleman fuel  
☒ Water Reactive Metal (Lithium): Strippings and casings  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: Rooto (Sulfuric acid)  
☒ Corrosive Base: 4 lbs of Lye  
☒ Other (item and location): coffee filters/funnels

## Child under age 18 discovered (check one)

- ☒ Yes 2 (number present)  
☐ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: Sheriff Dept

## This report is to be faxed to the following agencies that serve the location:

Fire Department: Butler FD

Fax: 260-868-2946

Health Department: Dekalb Co Health

Fax: 260-925-2090

Fax: 260-925-5542

Child Protection Service: Dekalb DCS

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Tpr Rob Smith

Phone 260-432-8661

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.